

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Complete If Known	
				Application Number	10/635,081
				Filing Date	August 6, 2003
				First Named-Inventor	Argentieri
				Group Art Unit	1614
				Examiner Name	Phyllis G. Spivack
				Attorney Docket Number	AM100632D1
Sheet 1 of 1					

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number (If Known)	Kind Code (If Known)			
PS	1.	6,596,759	B2	Abe et al.	07-22-2003	

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No.	Foreign Patent Document			Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T
		Office	Number	Kind Code (If Known)				
	2.							

OTHER PRIOR ART — NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.) data, page(s), volume-issue number(s), publisher, city and/or country where published.			T
		Office	Number	Kind Code (If Known)	
VS	3.	SCHRODER, Rikke et al., Neuropharmacology, 40, 888-898 (2001).			
PS	4.	SIMS, Stephen et al., J. Physiol., 367, 503-529 (1985).			

Examiner Signature	Phyllis Spivack	Date Considered	6/8/05
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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